

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. _____

- 1985-2229 -
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

| | |
|--|---|
| FILED DEC 13 1962 | |
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hoberg</u> Length of stay in lb <u>many yrs.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Rte. 2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. STREET ADDRESS (If outside, give location) <u>Rural Rte. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Effa Mae Wilson</u> | |
| 4. DATE OF DEATH Month Day Year <u>December 7 1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/10/1875</u> |
| 9. AGE (last birthday) <u>87</u> | IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>Lawrence County Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Williamson</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Ragain</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Hugh Wilson - Dec'd</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>R.O. Wilson, Verona Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>12/28/59</u> to <u>12/7/62</u> and last saw her alive on <u>9/25/62</u> Death occurred at <u>2:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>E. J. Grammond</u> | |
| 22b. ADDRESS <u>Mt Vernon</u> | |
| 22c. DATE SIGNED <u>12/7/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | |
| 23b. DATE <u>12/9/62</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Mt. Vernon, Mo.</u> | |
| 23e. STATE (State) | |
| 24. FUNERAL DIRECTOR <u>Max L. Fossett</u> ADDRESS <u>Mt. Vernon, Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>12-10-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Ray L. Hartman</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 2550
 2 0550,
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 334X
 10
 11
 12 40-0
 13 5-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Forsett

Licensed Embalmer No. 4252

P. O. Address Memphis, Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.